

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Mountain Lake Biological Research Station WWTP
ADDRESS PO Box 400726
Charlottesville VA 22904
FACILITY LOCATION 335 Salt Pond Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Municipal Minor 01/29/2013

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Blue Ridge Regional Office
3019 Peters Creek Road

Roanoke VA 24019

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

VA0075361			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	0.009	NL	MGD	*****	*****	*****			1/D-D	EST
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	8.2	SU		1/D-D	GRAB
004 TSS	REPORTD				*****						
	REQRMNT	1000	1500	G/D	*****	30	45	MG/L		1/D-M	GRAB
005 CL2, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.007	0.009	MG/L		1/D-D	GRAB
007 DO	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		7.0	*****	*****	MG/L		1/D-D	GRAB
039 AMMONIA, AS N	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.8	1.8	MG/L		1/D-M	GRAB
157 CL2, TOTAL CONTACT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		1.0	*****	*****	MG/L	3	1/D-D	GRAB
159 CBOD5	REPORTD				*****						
	REQRMNT	540	820	G/D	*****	16	24	MG/L		1/D-W	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
213 CL2, INST TECH MIN LIMIT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		0.60	*****	*****	MG/L		1/D-D	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
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	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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